PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Tuc 9 200 10009												
			SMALL ENTITY TYPE (			OTHER THAN						
TOTAL CLAIMS			31,					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUME	NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			. 34 minus 20=		. 14			X\$ 9=		OR	X\$18=	288
INDEPENDENT CLAIMS			. B .mi	nus 3 =	- 5			X40= ;		OR	X80=	400
MI	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				-	+135=	<u> </u>	OR	+270=	
. • H	the difference	in column 1 is	less than ze	ero, enter	"0" in c	column 2		TOTAL			TOTAL	1998
CLAIMS AS AMENDED - PART II										Torr	OTHER	11214
<b>34</b> 6		(Column 1)	1 (1) (1)	(Colur	nn 2)_	(Column 3)		SMALL		OR	SMALL	
NEW		CLAIMS REMAINING AFTER AMENDMENT		HIGH MUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	• 36	Minus	7	16	= 0	. 4	X\$ 9≐	1-6	OR	X\$18=	/
ije.	Independent		Minute		<u>ී</u>	= (//	٠.	X40=	1	OR	X80=	
	FRSTPRESE	NTATION OF MI	ILTIPLE DEI	ENDENT	CLAIM			14135=1	1	ΘŔ	¥270±/	
	711.	LYWIN	1	a Trans	•			TOTAL		OR	YOTAL	
		(Column 1)		(Colun	nn 2)	(Column 3)	j	ODIT FEE			ADDIT, FEE	
MT 8.1		REMAINING AFTER		HIGH NUMI PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	M	RATE	ADDI- TIONAL FEE
3	forter V	36	male X	-3			lt	X\$ 9=	/	OA	X\$18=	
TO SE	independent		Minus	***	y y	- 0		X40-		OR'	••X80= •-	
	FIASTIPHESE	NTATION OF MU	ILTURALE DEF	ENDENT	CLAIM		۱ <b>۱</b>	+135=			+270=	
• • •				,			Ł	TOTAL		OR.	TOTAL	K 1
میکرد. م	eally.	(Column 1)		(Colum	nn 2)	(Column 3)	•	IDDIT: FEE!		7.7	ADDIT-FEE	
AMENDMENT C.	erical Bu Carris	CLAIMS REMAINING AFTER AMENDMENT	, , , , , , , , , , , , , , , , , , ,	HIGH NUM PREVIO PAID	EST DUGLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	94		=		X\$ 9=	* * * * 94%	òH"	X\$18=	. ,
EN EN	Independent	•	Minus	990		= .	lŀ	X40=			X80=	
[	FIAST PREŞE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		<b>!</b>		- N	OR	•	
	If the entry in orb:	mn 1 is less than #	is entry in colu	ma 2. write	The co	lumn 3.	L	+135=		OR	+270=	
••	If the Tighest Nu	mber Proviously Pa	ed for in this	S SPACE II S RPACE I	s less the s less the	n 20, enter "20." In 3. enter "3."		DOIT. FEE			ADDIT. FEE	
	The Highest Nur	nber Previously Pai	d For (Total o	Independi	eril) is the	highest numbe	n fou	nd in the app	propriate bo	t in co	kmn 1.	
					_							

FORM PTO-47

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